Multicultural challenges in critical care nursing: A literature review

Anjali Shrestha

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Anjali Shrestha
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Laurea University of Applied Sciences **Abstract**
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Anjali Shrestha
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A worldwide integration is increasing constantly formulating extensive network among goods, services, humans, and civilization in different parts of the world. Therefore, our societies are becoming rich in multicultural and multiethnic diversity. Finland is also becoming a multicultural country with 7.6% of foreign backgrounds. Consequently, the healthcare system is affected by cultural differences.

The purpose of this study is to identify potential multicultural challenges in critical care nursing while dealing with patient and their families of culturally diverse background. The aim is to collect recent evidence-based knowledge regarding multicultural issues and help nurses to develop competence to face multicultural patients and their families with the help of evidence-based strategies in critical care nursing. The research question was what are the potential multicultural challenges faced by critical care nurses while dealing with patient and their families of culturally diverse background?

The articles were chosen from databases provided by Laurea AMK (CINAHL, ProQuest Central, PubMed etc.) from 2008 to 2020. The research method used in this thesis is a literature review. The collected data, five articles were analyzed using inductive content analysis. The main themes that emerged from content analysis are challenges in communication, complications in providing critical care, family in multicultural patient care, and cultural awareness and sensitivity. The findings of the thesis indicated that there are challenges for nurses to encounter patient and their families of different cultural background due to a lack of cultural knowledge and competence.

As global mobility has accelerated, the population has become ethnically diverse all over the world. Multiculturalism has become an integral part of the current health sector. To date, there have been very few studies related to multicultural issues in critical care nursing, the author of this thesis suggests further studies for better understanding.

Keywords: critical care nursing, intensive care, multicultural issues, cultural awareness

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1 Introduction

A worldwide integration is increasing constantly formulating extensive network among goods, services, humans, and civilization in different parts of the world. Therefore, our societies are becoming rich in multicultural and multiethnic diversity. Globalization has affected healthcare with a remarkable consequence in rising cultural diversity among patients and health care professionals (Wesolowska, Hietapakka, Elovainio, Aalto, Kaihlainen & Heponiemi 2018). Immigrants are usually recognised as vulnerable groups in the healthcare sector (Derose, Escarce and Lurie 2007). Earlier studies have shown that healthcare professionals experienced challenges when dealing with culturally and linguistically diverse patients. Healthcare service providers need to adapt according to the demand of multicultural society to lessen the degrading health conditions of those population (Zanchetta & Poureslami 2006).

Finland is a Nordic country, sharing a borderline with Sweden, Norway and Russia and having about 5.54 million population. Historically, it contained a homogenous culture between Novgorod in the east and Sweden in the west. According to Statistics (2020), Finland is becoming a more multicultural and multilingual country with 7.6% foreign background from 118 countries. Consequently, the number of patients and healthcare workers of different cultural and ethnic backgrounds are increasing in the Finnish healthcare system.

Critical care (or intensive care) nursing is taking care of patients in critical and life-threatening condition. When a person is in such a condition, it affects the patient himself/ herself, their loved ones and family members. The stress affects the ability to cope with such a situation and the ability to process complex health information. It may be more stressful for multicultural patients or family members due to the strange environment. (Hoye and Severinsson 2008.) Therefore, it is crucial to identify and address cultural issues while dealing with a multicultural or multilingual patient in a critical care setting in Finland.

The working life representative of this project is Helsingin Uudenmaan Sairaala (HUS), Meilahti hospital, Cardiac-thoracic intensive care unit (Sydänkirurgian teho-osasto M2A). In coordination with HUS, the study aims to collect recent know-how regarding multicultural challenges in critical care nursing through literature review. It also aims to help nurses to develop competence to face multicultural patients and their families with the help of evidence-based strategies in critical care nursing in Finland. The purpose of this study is to explore potential multicultural challenges in critical care nursing.

2 Theoretical background

Finland is becoming more multicultural than ever. The population of foreigners is denser in the metropolitan area in comparison to the countryside in Finland. People with different nationalities have different cultures and different values. Previous studies reveal the conflicts between cultures or values while providing care in a multicultural setting of ICU. Nurses need to deal with critical or dying patients and their families. In case, where the patient or his/her family members do not speak good Finnish/Swedish, it creates a barrier for smooth communication between patient and healthcare professionals. Both healthcare professionals and patients may feel reluctant to open and connect. Consequently, the patient may not be receiving quality care, and patient satisfaction can be very low. Language alone is not enough to articulate between unlike cultures and deal with multicultural issues. Cultural awareness and cultural competence are important while dealing with people from different cultures.

To facilitate this study, three key concepts are formulated. They are Critical care nursing, Multiculturism, and Cultural influences in health care. Figure 1 illustrates the key concepts of this study below:

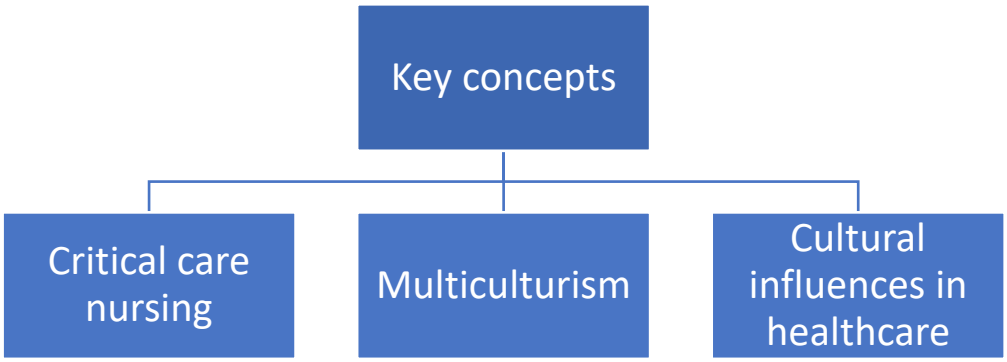

Figure 1: Key concepts

2.1 Critical care nursing

Critical care nursing is a sensitive and dynamic speciality. It includes specialized intensive care for the patients with complex and life-threatening conditions such as monitoring patient, assessing patient's condition, ensuring the care process, and advocating or providing support to patients and their family members. The health situation of a patient in intensive care can oscillate between good condition and ever-increasing deterioration (Kvande, Delmar, Lykkeslet & Storli 2015). Critical care nursing promotes optimal health outcomes in the complex and demanding environment of ICU (Morton & Fontaine 2013).

2.1.1 Intensive care unit

Intensive care unit (ICU) / critical care unit is a well- organized system designed to provide medical care to critically ill patients. It gives intensive and customized medical as well as nursing care with an improved capacity for monitoring patient's situation. Assessing the patient's conditions several techniques of physiologic body organ assistance can also be provided to sustain life during a duration of life-threatening body organ system insufficiency (Marshall, Bosco, Adhikari, Connolly, Diaz, Dorman, Fowler, Meyfroidt, Nakagawa, Pelosi, Vincent, Vollman & Zimmerman 2016). Critical care is interprofessional and multidisciplinary specialized care to patient of hemodynamically unstable, chronically ill or at life-threatening state including cardiac-pulmonary, severe sepsis, respiratory failure, surgical, neurology, trauma, transplant, burn, and so on (Finfer & Vincent 2013).

Patients with life-threatening conditions, need intensive treatment and close monitoring of vital functions and hemodynamic with aid of advanced equipment and medications to retain physical functions. The life of the patient in an intensive care unit depends on mechanical assistance or technology (Finfer & Vincent 2013). Patients are admitted to ICU for various situations and conditions such as a serious accident with a severe head injury, skeletal injury, burn, heart attack, stroke, severe pneumonia, sepsis, and after major surgery (NHS 2019). Most of the patients in the critical care unit are not able to participate in decision- making process because of medical interventions like ventilation, analgesia or sedation, and severe health conditions. Those patients have fluctuating medical conditions which contribute to a high level of ambiguity, uncertainty, and unpredictability (Kvande et al.2015).

Generally, the patients are on sedation at different levels and equipped with a ventilator in the critical care unit. They are usually unable to express themselves verbally because of the use of the ventilator. For a family member, the patient's serious illness is unbearable sorrow and the patient's condition in ICU is overwhelming. The family member wants to support the patient with love, care, and presence. Also, they want to assure patient care by knowing every update of patient health. (Alsharari 2019.)

2.1.2 Role of critical care nurse

Critical care nurses are registered nurses who are required evidence-based knowledge together with professional abilities in technical as well as in caring measurements of essential nursing (WHO 2003). A critical care nurse having updated knowledge and skills improves the provision of patient-centred care for severely ill patients needing complicated treatments in a highly advanced technological setting with the help of the multi-professional team. The roles of critical care nurses are crucial in the multidisciplinary team of intensive care unit that required to supply knowledge and skills during the care process for patients and their loved ones. Critical

care nurses perform various tasks in different roles such as bedside nurse, head nurse, nurse manager, specialized nurse, nurse educator, and so on.

For a bedside nurse practitioner role, fundamental tasks count for ensuring safe working environment, monitoring patient's vital signs and hemodynamics, assessing, and responding to patient's needs, administering medications, performing hygiene care, providing information, giving emotional support, performing as an advocator for the patient and their families, and so on (Rhinehart 2020). Nurses need to consider all the possible aspects from patient's physical situation, emotional distress, beliefs and values, mental state for comprehension and communication to the timing of one's action in patient's care process (Kennedy & Froust 2014, 61). While making a nursing care plan and nursing interventions, nurses should act rationally. Nurses should take into consideration of the fundamental ethical principles for any nursing practice. The ethical principles do not provide specific action to be performed but it supports nurses in their daily work to make ethical decisions. (Ethics in Nursing Practice 2008, 122.)

All nurses in the critical setting perform their task to deliver optimal care to the patients. In general, critical care nurses contribute to develop evidence-based nursing practice and enhance quality patient care by participating in professional activities such as self and team reflection, service improvement, research, and so on. Critical care nurses acknowledge the changing and challenging needs of patients and their family members. (British Association of Critical Care Nurses 2009.)

2.1.3 Nursing code of ethics

Nursing code of ethics provides fundamental guidelines to moral decision making and moral action. The code of ethics helps nurses to act ethically as a healthcare profession and to make decisions during an ethical conflicting situation. According to the International council of nursing (2012), nurses have four essential responsibilities including promoting health, preventing illness, restoring health, and alleviating suffering. The nurses serve from infant to old age people suffering from different health issues. The nurse contributes to individuals, families, and communities.

The key ethical principles to nursing are beneficence (obligation to do good) and nonmaleficence (obligation to avoid doing harm), justice, autonomy, veracity, and fidelity. Applying the principle of beneficence and non-maleficence to all patients is out of the hand of nurses. Sometimes, it might be tricky to weight duty of beneficence and duty of non-maleficence. In some context, the duty of maleficence becomes stronger than the duty of providing benefit. The nurses need to be aware of the limit of their obligations to do good and avoid harm in patient care. The nurses are obliged to treat equals in an equal proportion and unequal in a different way as per need. The nurses should respect patients as an autonomous individual and respect their choice of decision. The nurses are obliged to tell the truths and not

to deceive patients and their relatives in healthcare. The nurses are obliged to remain faithful. (Ethics in Nursing Practice 2008, 22-25.)

The ICN (2012) outlined nursing responsibility concerning people, nursing practice, profession, and co-workers in healthcare. The nurses are primarily responsible for people, who require nursing care. While providing care, nurses support the patient by respecting human rights, patient's values, beliefs and customs, and patient's family and community. The nurse should maintain the privacy of the patient and hold confidential patient information. The nurses should maintain professional competence by continual learning and perform responsibility and accountability in practice. The nurses should contribute to form and apply acceptable standards of nursing practice, nursing management, nursing research, and nursing education. The nurses need to establish a collaborative and respectful environment in the workplace with co-workers. (ICN 2012.)

2.1.4 Nurse-patient relationship in the critical care setting

Nurses spend most of the time taking care of the patient from providing basic nursing care to specialized care such as monitoring invasive ventilation, vitals, infusions, and so on. For the critically ill patient, nurses are the immediate person to communicate, where non-verbal communication is taken as the basic approach (Meriläinen, Kyngäs & Ala-Kokko 2013). Patient communication barrier is a major challenge for nurses due to deterioration in communication skill of patient caused by factors such as intubation, sedation, fatigue, confusion, delirium, neurological diseases, and critical diseases, which constitute other clinical conditions (Aktas, Nagórska & Karabulut 2017).

Communication is the foundation of a nurse-patient relationship (Kennedy & Froust 2014, 61). The purpose of effective communication is to enhance health care quality & safety and thus, deliver patient-centred care (Nilsen, Sereika, Hoffman, Barnato, Donovan & Happ 2014). Multicultural and multilingual barrier make direct impacts on patient care. The lack of smooth communication between health care professional and patients lead to happen adverse situations and poor patient outcome/satisfaction.

2.1.5 Nurse-family relationship in the critical care unit

Patient of a life-threatening situation is incapable of making at decision-related to own care in intensive care (Luce 2010). In such cases, Arnold and Kellum (2003) stated, the patient's first family member or relatives are considered as a surrogate decision-maker and will be responsible to communicate with healthcare professionals and other family members. (Schubart, Wojnar, Dillard, Meczkowski, Kanaskie, Blackall, Sperry & Lloyd 2015.) The involvement of family member in patient's care is a part of holistic care plan in the critical care setting and other healthcare services. Thus, nurses' encounter with the patient's family member is undeniable.

Patient's critical condition affects family members psychologically, emotionally, and physically. The communication between nurse and family member should be good and effective. Nurses' dealing with family members of different cultural background can bring difficulties in inpatient care.

2.2 Multiculturism

The term "multiculturism" itself define unification of different culture. The meaning of multiculturism varies along with the different context of sociology to colloquial use. The trend of fusion of various cultures was present since ancient time. In today's time, our society has flourished in cultural diversity. To understand multiculturism in a simple definition, it means co-existence of a different culture, in which culture denoting race, religion, beliefs, customed behaviour, life habits, and so on. Some cultures are followed in huge mass population and pop as a major culture. Whereas a culture of the small population remains a minority. In the lens of multiculturism, minority group culture gets equal value with major culture (Eagan 2007).

2.2.1 Culture

"Culture is the complex entity which encompasses knowledge, beliefs, arts, moral concepts, law, practices and any other knowledge that makes an individual a member of society." (Taylor 1871). Culture has been often expressed in metaphor. For instance, "*Culture is like an iceberg, only its top is visible*" in an Iceberg model by Hall (2017). The other metaphors are: "*It is like a pair of eyeglasses; you see and interpret the world through them*.", "It is like a sunglass, to protect your sense of self" and so on.

In general understanding, it is associated with beliefs, customs, values, rituals, traditions, and lifestyle followed by a group of people. It is taught from the old generation to the new generation through language and symbols. Different country or place has different cultures and the culture transformed along with the new generation in society. Leininger (1991) stated culture as a learned, shared, and transmitted values, beliefs, norms, and lifeways which directs individuals thinking, decisions, and action in particular ways.

2.2.2 Cultural diversity in Finland

Finland was known as culturally and linguistically homogenous country till a huge number of refugees, asylum seekers and immigrants from different countries arrived (Degni et al. 2012). Finland is a Nordic country, sharing borderline with Sweden, Norway and Russia and having about 5.53 million population in an area of 338,424 km2. Historically, it was a small region with homogenous culture between Novgorod in the east and Sweden in the west. Sweden ruled Finland from 1323 till 1809. Then from 1809 till 1917, Finland was a part of the Russian Empire.

Finland became an independent country in 1917. Finland became part of the European Union in 1995. (Zetterberg 2017 & InfoFinland 2019.)

Recently, Finland is becoming a more and more multicultural country. According to statistics of Finland, people from 180 countries were living in Finland in the year 2018 and the total number of foreign populations inhabiting were about 258,000. The foreign nationalities were Estonia, Russian Federation, Iraq, China, Sweden, Thailand, Somalia, Afghanistan, Syrian Arab Republic, Vietnam, India, Turkey, UK, Ukraine, Poland, Germany, Serbia and Montenegro, Romania, Philippines, US, Nepal, Islamic Republic of Iran, Italy, Spain, Nigeria, Latvia, Bulgaria, France, Pakistan, Bangladesh etc. (StatsticsFinland, 2019.)

2.3 Cultural influence in healthcare

A person's health belief is to some extent influenced by one's culture. Health is a condition of one's wellbeing defined, valued, and practiced in one's culture. It indicates the capability of persons to function actions in a cultural lifeway. (Leininger 1991.) In every culture, various health practices are observed, which illustrate the cause of illness, expression of signs and symptoms, caring and treatment methods, the involvement of people during the treatment process, and so on (Laughlin & Braun 1998). It is important to consider the cultural background of the patient and their family member in the healthcare setting to provide holistic care.

2.3.1 Cross-cultural interaction in healthcare

Communication is the sharing of ideas, information, and thoughts between the involved parties in the form of written, verbal, or non-verbal interaction. It is a crucial element of quality care in the healthcare process. Intercultural communication is influenced by personal, cultural, and other factors. Poor interaction between different cultural background can result in miscommunication, maladaptive, and interpersonal conflicts (Wesolowska et al. 2018). Miscommunication can lead to a severe outcome in healthcare (Degni, Suominen, Essén, El Ansari & Vehviläinen-julkunen 2012).

Akroute & Bondas (2015) stated that misunderstanding and misinterpretations occurred throughout the care between ICU staff and family members. It is the duty of the healthcare professionals to be more concerned about the patient's health and not to prioritise the difference in culture and beliefs between the healthcare provider and the patient. Effective communication is an important factor to get better health outcome and improve patient satisfaction. (Degni et al. 2012, Schubart et al. 2015) Listerfelt, Fridh & Lindahl (2019) suggested that the cultural competence training and development of interpersonal skills are required to improve healthcare quality in a multicultural circumstance.

2.3.2 Cultural competence in nursing

Betancourt (2006) explained, cultural competence as an acknowledgement and incorporation of the significance of culture, evaluation of intercultural relationship, alertness towards cultural diversity, increase in the horizon of cultural knowledge and adjustment services to fulfil cultural needs. Hoye & Severinsson (2008) suggested that ICU nurses improve their cultural competence with increasing encounter of multicultural families. Degni et al. (2012) recommended the need for cultural competence and cultural humility in healthcare delivery. The skills such as patience, cultural adaptability and awareness, tolerance, respect, motivation, and cultural sensitiveness help the nurses to gain cultural competence (Wesolowska et al. 2018).

3 Purpose, aim and research question

The purpose of this study is to identify potential multicultural challenges in critical care nursing while dealing with patient and their families of culturally diverse background. The aim is to collect recent evidence-based knowledge regarding multicultural issues and help nurses to develop competence to face multicultural patients and their families with the help of evidence-based strategies in critical care nursing. Thus, the subsequent research question is formed as follows:

- What are the potential multicultural challenges faced by critical care nurses while dealing with patient and their families of culturally diverse background?

4 Methodology

4.1 Literature review

The study was carried out as a literature review as per the appeal of working life representatives. The working life representative, Helsingin Uudenmaan Sairaala (HUS), Meilahti hospital, Cardiac-thoracic intensive care unit (Sydänkirurgian teho-osasto M2A) offered this project to be conducted as literature review research. The study is carried out by the author in coordination with lecturer in charge of this project.

A Literature review is a comprehensive study and interpretation of available research on a specific theme seeking answers to the research question on that subject matter by searching for and analyzing relevant literature using a systematic approach (Aveyard 2010). It is an analytical summary of specific research finding related to a specific issue (Boswell & Cannon 2014). Fink (2014) stated it is an efficient and explicit way to analyze and recognize the existing

part of the whole task as it provides a description, summary, and critical evaluation of these tasks to the research problem being investigated.

The main objectives of the literature review are to analyze literature of selected research area, synthesize the information in that literature into a summary, critically analyze the information collected by identifying gaps in current knowledge by revealing limitations of theories and viewpoints, and formulating areas for further research and presenting the literature in a systematic way (Royal Literary Fund 2020). Basically, the literature review is developed in four stages:

- Problem formulation
- Literature search
- Data evaluation
- Analysis and interpretation

(USC Libraries, 2020)

The problem formulation stage is about recognizing research topic area that is being investigated and identifying an unaddressed issue in that specific area (USC Libraries, 2020). Aveyard (2010) explained one should decide research topic based on problem occur in the practical environment along with one's interest and research question should answer that problem gap in research or unexplored areas by providing new perspectives. Forming a research question is very important as a research study, aiming to contribute a solution in the practical area, will be focused on the research question. The research question should be focused, clear, unambiguous, and answerable and realistic in a given period (Aveyard 2010).

The literature search is about fetching articles that are relevant to the research topic and research question. There are many different types of research articles available in databases. It is very crucial to recognize the type of articles and contents looking for own research study. Before starting the literature search process, one should recognize what kind of research article is suitable to answer the research question and own focus perspectives from various information available. The relevancy of research study depends on the research question. One should establish a systematic approach for literature search to detect published articles in a broad-spectrum, so to provide research answer extensively. Inclusion and exclusion criteria should be set to identify relevant articles to answer the research question. (Aveyard 2010.)

The data evaluation is about dealing with obtained literature from a systematic search process. One should determine articles that have a meaningful contribution to comprehend research topic answering research question (USC Libraries, 2020). The articles should be thoroughly comprehended to recognize if the selected articles are actually relevant and content of articles

are of good quality to address the research question. Rereading selected articles helps to figure out strengths, limitations, and relevance of information (Aveyard 2010).

The analysis and interpretation stage indicate synthesizing findings from selected pertinent articles and further discussing those finding to get a better understanding of one's study. While synthesizing, findings should be coded to discover major themes. Results of one's literature review study are only findings from the articles. The discussion should assure the reflection of results. This section also discusses other perspectives related to the research topic that is known yet and future recommendations.

4.2 Data retrieval criteria

For data retrieval, inclusion and exclusion criteria were set, which were then applied in the article search process. Only full-text scientific articles and journals published in the English language from the year 2008 to 2020 were picked.

Table 1: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Full-text Scientific research articles, journals	Only abstract or partial text available, Literature review, Non-scientific, Bachelor thesis
Articles published between 2008-2020	Articles published before 2008
Articles on adults (18+ years)	Articles on infants, children (pediatric)
Articles published in the English language	Articles published in other languages
Research articles reporting critical care nursing and cultural diversity	Articles, that are beyond critical care nursing and multi-cultural issues
Articles relevant to the research topic and relating nursing	Articles, that are not relevant to research topic and question and duplicated literature and linking t physician or other health care workers.

4.3 Data collection

The articles which provide relevant information to the thesis research question were chosen as research data. Research data were collected from databases offered by Laurea University of Applied Sciences, such as CINAHL, Proquest Central, Pubmed, Elsevier, and google scholar. The following search terms were used for data retrieval: (Multicultural OR "cultural diversity" OR "cultural competence") AND ("critical care" OR "intensive care") AND patient, and (Multicultural OR "cultural diversity" OR "cultural competence") AND ("critical care" OR "intensive care"). The other search terms used to search articles were multicultural nursing in critical care and multiculturism in critical health care.

Following table shows the search process in different databases. During the search process, eleven articles met criteria for full-text review. The articles which occurred twice or more in the results were taken into consideration only once. Six articles had only abstract available and Five articles were chosen for content analysis.

Table 2: Data search

DATABASES	SEARCH	RESULTS	APPROVED Abstract	APPROVED (Full text)
Cinahl (EBSCO)	(Multicultural OR "cultural diversity" OR "cultural competence") AND ("critical care" OR "intensive care") AND patient	35	3	1
PROQUEST CENTRAL	(Multicultural OR "cultural diversity" OR "cultural competence") AND ("critical care" OR "intensive care")	58	4	3
Pubmed	(Multicultural OR "cultural diversity" OR "cultural competence") AND ("critical care" OR "intensive care") AND patient	61	9	1
ELSEVIER Science Direct	(Multicultural OR "cultural diversity" OR "cultural competence") AND ("critical care" OR "intensive care") AND patient	659	11	-

Laurea finna	(Multicultural OR "cultural diversity" OR "cultural competence") AND ("critical care" OR "intensive care") AND patient	69	4	-
Sage journals	(Multicultural OR "cultural diversity" OR "cultural competence") AND ("critical care" OR "intensive care") AND patient	320	2	-

4.4 Data analysis

The study used qualitative content analysis to analyse the five articles that reported on the multicultural issues in critical care settings. In this analysis, the authors have developed four main themes, which are related to major issues in delivering critical care to the multicultural patient and their family. Any issues related to culture were highlighted in each article. Initially, eight themes were formed, which are categorised into four main themes as illustrated in Figure 2 and Table 3. While coding themes, research purpose and the relevance to the research question were considered. Each theme and subtheme provide answers to the research question. The final version of the analysis can be viewed in Appendix II. Based on the article findings, each sub-theme is explained, which describes possible challenges for nurses that can occur while coordinating with the multicultural patient and their families.

5 Findings

The five articles were published between 2008 and 2019. Three studies were conducted in Norway, one in Sweden, and one in Belgium. All the studies were qualitative literature; 3 studies collected data using focus group interviews, one study using a semi-structured interview and next via depth interviews.

From the inductive content analysis of five articles, four main themes and eight subthemes emerged as shown in the figure below. The main categories are challenges in communication, complexity in providing critical care, family in multicultural patient care, and cultural awareness and sensitivity.

Figure 2 illustrates multicultural challenges in critical care nursing faced by nurses while dealing with patient and their families of culturally diverse background.

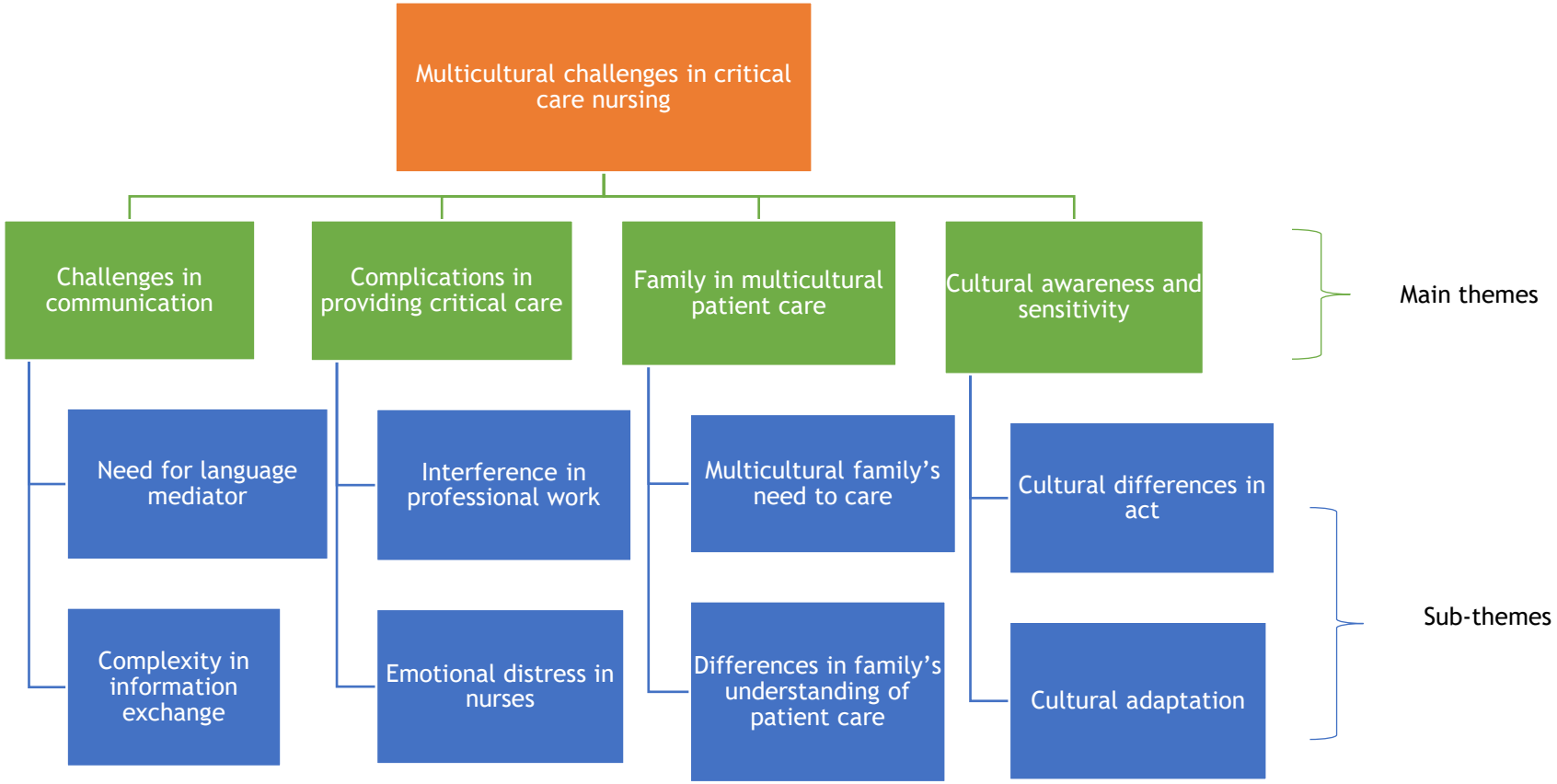

Figure 2: Multicultural challenges in critical care nursing

Table 3: Synthesized themes

Main themes	Subthemes	Van Keer et al. (2015)	Hoye & Severinsson (2008)	Akroute & Bondas (2015)	Hoye & Severinsson (2010)	Listerfelt et al. (2019)
Challenges in communication	Need for language mediator	x	x	x	x	x
	Complexity in information exchange		x	x	x	x
Complications in providing critical care	Interference in professional work	x	x		x	x
	Emotional distress in nurses	x	x		x	x
Family in multicultural patient care	Multicultural family's need to care	x	x		x	x
	Differences in family's understanding of patient care			x		x
Cultural awareness and sensitivity	Cultural differences in act		x		x	
	Cultural adaptation	x	x		x	x

5.1 Challenges in communication

Communication is a fundamental key in nursing. Challenges in communication were identified in four articles associated with multicultural patient care, dealing with family members of different cultural background, and caused stress due to cultural differences. Challenges in communication are categorised into two subthemes including the need for language mediator and complexity in information exchange.

5.1.1 Need for language mediator

The studies showed nurses felt challenges to provide critical care nursing when there is a language barrier to the patient from a multicultural background. The patients did not speak the same language as the service provider or did not have sufficient skill and capability to communicate (Akroute & Bondas 2015; Hoye & Severinsson 2010; Listerfelt et al.2019). When a family member also did not have language skills, communication between family and health care professionals is even more complicated. There was an occurrence of misunderstanding and misinterpretation between critical care nurses and the patient's family members. (Akroute & Bondas 2015)

Nurses needed language interpreter for communication (Hoye & Severinsson 2008; Akroute & Bondas 2015; Hoye & Severinsson 2010; Listerfelt et al.2019). The language interpreter was not in reach easily. The nurses needed to order interpreter service for the patient and family from the different cultural background. The interpreters were available for a very short time usually in follow-up meetings (Hoye & Severinsson 2008; Akroute & Bondas 2015; Listerfelt et al.2019). It means, interpreter resource is not enough, and critical care nurses need to manage other times by other ways if possible. Sometimes, family members are used as an interpreter and sometimes employee engaged as an interpreter (Hoye & Severinsson 2008; Hoye & Severinsson 2010; Listerfelt et al. 2019).

5.1.2 Complexity in information exchange

Due to the lack of proficiency in patient's and family member's language of service provider compared to own's mother language, nurses concerned about uncertainty whether they comprehend patient's medical information or not (Hoye & Severinsson 2008; Akroute & Bondas 2015; Hoye & Severinsson 2010; Listerfelt et al.2019). Language barrier complicated already complicated critical case in ICU (Akroute & Bondas 2015; Hoye & Severinsson 2010; Listerfelt et al.2019). Nurses felt frustrating when unable to communicate with the patient and family immediately.

Arranging an interpreter's appointment is an extra task for nurses. Nurses took the help of family members to communicate with patients in everyday activities. It has been a question of

whether it is good or bad to ask family member to act as interpreter. In one hand, it saved nurses time and helps to proceed with care. On the other hand, the family member may not be able to understand and translate medical terms and they might withhold information by not giving all the information to the patients. (Listerfelt et al. 2019.) Language barrier complicates care as misunderstanding and misinterpretation occur all the time (Akroute & Bondas 2015).

5.2 Complications in providing care

Nurses faced difficulties understanding the way clients of various cultures think, feel, and behave when it comes to matters of health. The four studies identified cultural values and practices, patient's visitors, families in emotional crisis as specific clinical challenges that nurses' encounter when providing care to people of diverse cultural background. Two subthemes emerged, including interference at professional work and emotional distress in nurses.

5.2.1 Interference at professional work

While encountering patient of multicultural background, the patient had a large number of visitors for a long time. The patient's families from different cultures did not respect for visiting rules of the organisation or failed to understand visiting rules and often broke rules or tried to negotiate with healthcare professionals (Van Keer et al. 2015; Hoye & Severinsson 2008; Hoye & Severinsson 2010; Listerfelt et al. 2019). The multicultural family had extended family and a large number of visitors included not only immediate family but also relatives, friends, neighbours, and others. The patient's room intensive care had no sufficient space to take in all the visitors at once. Nurses needed to ask for working space from visitors and they claimed a big number of visitors disturbed their work (Listerfelt et al. 2019).

Staying of visitors was noticed for a very long time in the patient's room and entering of visitors to quarantined room without nurse's permission became problematic for the nurses. (Van Keer et al. 2015; Listerfelt et al. 2019). Nurses observed, family members looked after the patient for a long time even after death (Hoye & Severinsson 2010). The loud expressions of sorrow caused by multicultural family members might disturb others and calm environment is required for critical care (Listerfelt et al. 2019). There occurred a conflict between the family's need and need to control the clinical environment. Nurses needed to restrict a large number of visitors to control clinical environment, for the sake of other patients and their family's privacy and maintain patient safety and security (Van Keer et al. 2015; Hoye & Severinsson 2010; Listerfelt et al. 2019).

When there is no certain visiting routines and the number of visitors, nurses felt ambiguity concerning to follow cultural customs. For instance, covering Muslim female patient's hair is important from a cultural perspective but it may remain as postulate by nurses. Patient's body and hair exposure is a big issue in Muslim culture. When the family members break rules, nurses are left with a level of uncertainty related to body exposure, whether to maintain customs or not simultaneously maintaining body temperature (Hoye & Severinsson 2008).

Due to the language barrier between patient and nurse, patient's need remained unmet. Patients preferred to ask for wishes through family members. To some extent, family members wanted to fulfil wishes as soon as possible which may not be practical for the nurses in that timetable. (Van Keer et al. 2015.) Besides, family members were asking similar and multiple questions. Visitors including families and others wanted to get patient information. Sometimes, there is conflict in disclosing information (Listerfelt et al. 2019).

5.2.2 Emotional distress in nurses

The patient room usually having 2 patients in one room and congested with other required different types of equipment. The multicultural visitors broke visiting rules, and the patient room is crowded with a large number of visitors of one patient affected emotionally on nurses (Van Keer et al. 2015; Hoye & Severinsson 2008; Listerfelt et al. 2019). The emotional drama created by multicultural patient's visitors influenced nurses (Listerfelt et al. 2019). These kinds of activities made nurses stressful and some nurses could not work at ease (Van Keer et al. 2015). Also, the nurses had no idea of dealing with unfamiliar, loud, and dramatic expressions by family members. Unfamiliar emotions in crisis causing the feeling of insufficiency and insecurity in nurses (Hoye & Severinsson 2008; Listerfelt et al. 2019).

5.3 Family in multicultural patient care

When implementing individual and holistic care, family-centred care also comes along in inpatient care. The family member has a responsibility and plays a significant role in critical patient care. The family in multicultural patient care is mentioned in all five studies, related to as a useful resource and sometimes as stress. The family in multicultural patient care is further divided into two subthemes: Multicultural family's need to care and differences in family's understanding of patient care.

5.3.1 Multicultural family's need to care

The multicultural families have a great need to involve in care and maintain the traditional custom of their loved ones (Van Keer et al. 2015; Hoye & Severinsson 2008; Hoye & Severinsson 2010; Listerfelt et al. 2019). They showed up all the time in a day in proximity of the patient (Listerfelt et al. 2019). Family members carry out bedside activities instinctively or at patient request due to linguistic problem (Van Keer et al. 2015; Hoye & Severinsson 2008). They performed supportive and comfort-increasing activities like touching, kissing, religious acts, giving a massage, bringing foods and refreshing the patient. Patient's response in non-verbal communication was much understood by family members. (Van Keer et al. 2015.) Involving family members in care due to lack of time and resource (Hoye & Severinsson 2008).

Nurses agreed on the involvement of a family member in inpatient care. Family member inspired patient to mobilize upper and lower limbs and helped to turn and lift the patient. Some ethnic family considered their right to care for their loved one from a cultural perspective. Hence, they took for granted to involve actively in inpatient care. Sometimes, nurses even felt redundant while caring for the patient in presence of such a family. Because there were no discussions for collaborations between nurse and family member for example in mobilizing and exercising patient. (Hoye & Severinsson 2010.)

5.3.2 Differences in family's understanding of patient care

Multicultural patient's family members or relatives wanted to be near with patient. They visited the patient frequently and tried to care for and support the patient in their own way. But they were unable to understand the patient's heath severity (Akroute & Bondas 2015; Listerfelt et al. 2019). Family members did not realize that patient's need for calmness and rest. As nurses explained the importance and need for rest for the patient, family members understand and follow the instruction (Listerfelt et al. 2019).

Mainly in a multicultural family, they wanted to get every update of the patient's health. When the patient was not able to share information with family or relatives. Family members as well other visitors asked for the patient's information many times. Healthcare professional cannot give patient's information without the patient's consent. Also, the healthcare provider is supposed to communicate through the patient's spokesperson.

5.4 Cultural awareness and sensitivity

When there are no similarities in perceptions, rises conflicts between the involved party. Cultural differences including language, values, beliefs, and practices often regarded as a barrier in healthcare. Cultural aspect play important role in inpatient care for the patients and their family members. It may vary patient satisfaction level depending on the level of fulfilment of patient's needs and wishes. As healthcare professionals, it is important that nurses recognize and understand differences that can lead to poor patient-nurse interactions. Otherwise, cultural issues become a barrier to nursing care if not handles with cross-cultural knowledge. Therefore, cultural awareness and sensitivity are regarded as an important component in patient-centred care delivery.

Cultural awareness and sensitivity are found in four articles and are categorised into two subthemes, including cultural differences in the act and cultural adaptation. Cultural differences in the act are discussed mainly in two articles and cultural adaptation is found in four articles.

5.4.1 Cultural differences in act

Nurses faced challenges to coordinate with the multicultural patient and their families because of the difference in culture, belief, perceptions etc. They felt difficult to assess multicultural patient's pain. Some patient expressed pain and grief in extreme intensity, which was not understandable for nurses. The nurses were ambivalent regarding analyzing patient's expressions (Hoye & Severinsson 2010).

The multicultural families presented their cultural tradition to involve in patient's care. They actively participated in daily activities even without discussing with nurses (Hoye & Severinsson 2010). Multicultural families showed a need to maintain traditional custom and rituals. As per culture, Muslim female's hair is supposed to be covered up during in front of visitors (Hoye & Severinsson 2008; Hoye & Severinsson 2010). Patient's families were also concerned about patient's bed arrangement in ICU (Hoye & Severinsson 2010).

Nurses experienced gender differences in multicultural families in way of doing things, for caring and nurturing patient (Hoye & Severinsson 2008; Hoye & Severinsson 2010). Men are usually as spokesperson and women are doing the menial task in a multicultural family (Hoye & Severinsson 2008). In some patriarchal culture, medical information was given to the female patient by her husband or male member of a family. The female nurse was not considered of that level to discuss with the patient's male family member. There was a lack of respect for nurses among some ethnic cultures. In contrast, nurses experienced positive vibes and belief while dealing with other multicultural families. (Hoye & Severinsson 2010.) Also,

Multicultural families showed a need to maintain traditional custom and rituals. As per culture, Muslim female's hair is supposed to be covered up in front of visitors (Hoye & Severinsson 2008; Hoye & Severinsson 2010). The patient's families were also concerned about the patient's bed arrangement in ICU (Hoye & Severinsson 2010).

5.4.2 Cultural adaptation

Nurses admitted caring patient from the different cultural background is not a different task, rather may include a different way to deliver individual and holistic care to the patient (Listerfelt et al. 2019). Nurses understood the family's cultural need to care for their loved ones and allowed them in basic care activities (Hoye & Severinsson 2010). Nurses tried to fulfil the patient's cultural needs by covering hair and body as per the family's wish (Hoye & Severinsson 2008; Hoye & Severinsson 2010).

The family members get affected and suffer through an emotional crisis when their love is in a critical situation. On one hand, nurses created a supportive environment and let families express their sorrow (Hoye & Severinsson 2008). On other hand, nurses did not show compassionate and maintained reserved communications and attitudes towards multicultural families (Van Keer et al. 2015). Nurses did not detect any hindrance from family members present. They perceived family as a recourse in inpatient care. Nurses handed rights to family members to perform rituals and farewell in the late stage of the patient (Listerfelt et al. 2019).

Due to difficulties in direct communication, nurses improvised and innovate other ways of communication such as the use of body language, picture, drawing, asking for translations from their family, using recorded tape-recorder etc. (Hoye & Severinsson 2008; Listerfelt et al. 2019).

Nurses find out their lack of knowledge about other cultures, values and religions while encountering multicultural patients and families. Some nurses were uncertain regarding taking care of the multicultural patient. They acknowledge cultural incompetence within themselves and willing to acquire skills and competencies. (Listerfelt et al. 2019)

6 Discussion

The purpose of the study was to explore potential multicultural challenges faced by critical care nurses while dealing with patients and their families from diverse cultural backgrounds. The study was conducted as a literature review by evaluating five articles, collected from various databases. The findings from this literature review revealed that nurses faced difficulties to coordinate with multicultural patients and their families in a critical care setting due to conflicts in personal, professional, and cultural values. The major findings are related

to communication barriers due to difference in languages, complexity in coordination between individuals of different cultures, failure to understand the multicultural features of patient's families and lack of cultural awareness or competence in healthcare professionals. The study also shows that critical care nurses are willing to embrace patients of different cultural background and respect their cultural values. The challenges in integrating different cultures are inevitable, nevertheless, harmony can be developed between different cultures by respecting cultural diversity and embracing the differences (Wang 2013).

Effective communication is vital in any healthcare service. Communication and cooperation between healthcare professionals and patients and their family members are influenced by linguistic, cultural, social, and ethnic complexities (Wurthh, Langewitz, Reiter-Theil & Schuster 2018). When necessary, the linguistic differences should be solved by using an interpreter service for precise translation (Ozga, Dobrowolska, Gutysz-Wojnicka, Medrzycka-Dabrowka & Zdun 2018). Family members are used as an interpreter very frequently in intensive care. Depending on the cultural values, they may translate information favouring their culture. (Hadziabdic, Albin, Heikkilä & Hjelm 2013.) Even when medical interpreters are used to translating, they might fail to convey the information precisely (Pham, Thornton, Engelberg, Jackson & Curtis 2008). Competent interpreter service, providing objective and neutral medical explanations, is needed; Otherwise, inadequate training of interpreters may have a negative effect on the quality of interaction between the nurse, patient and interpreter (Eklöf, Hupli & Leino-Kipli 2014).

The communication barrier is not the only problem in critical care. Other elements are also equally important to consider for effective interventions in ICU (Schubart et al. 2015). The critical situation of a patient affects family members' physically, psychologically, emotionally, and financially. The severe illness of the patient makes family members emotionally and mentally weak. The family members have the responsibility as a guardian and therefore, need to involve in patient care. They depend on the support and information provided by healthcare professionals. The family members have a need to obtain patient's information and medical orientation, need to reassure patient's care and wish, need to maintain their hope of patient's recovery, need for cultural and religious cooperation, and need for emotional support ((De Beer and Brysiewicz 2016)). When the family's needs are met, they might develop gratitude and confidence in the healthcare system (Frivold, Dale & Slettebo 2015).

Nurses play important role in culturally sensitive care in the critical care unit. Ignorance of cultural knowledge in healthcare providers can result in misunderstandings in care services, low patient satisfaction and errors related to patient safety. (Ozga et al. 2018.) Thus, cultural competence is required in critical care nursing. The environment of critical care is influenced by various emotions related to a patient's critical health situation and the patient's family members. Additionally, there are challenges to make a quick decision and get consent for

medical and nursing procedures. (Benbenishty & Biswas 2015.) Cultural competency is higher in healthcare professionals while dealing with patients who share similar linguistic and cultural backgrounds as the healthcare professional themselves. Therefore, healthcare professionals should get continual multicultural skills development training to provide holistic care to patients with diverse cultural backgrounds. (Almutairi, Adlan & Nasim 2017.)

6.1 Limitations and validity

This literature review was performed from accessed, free articles on a web search. Those five articles are from three European countries (Belgium, Norway and Sweden) between 2008 to 2019. In those articles, few religious customs were issued namely, otherwise, there was no recognition of other cultures. Also, the cultural background of nurses and patients were kept confidential, which did not clarify cultural challenges from other conflicts such as personal, professional, and so on. However, the result revealed possible problems between cultures in the critical care setting. There are huge chances of missing proper articles as the search language was limited in English, time frame of inclusion criteria, and the literature search process performed mainly from the web search.

6.2 Recommendation

As global mobility has accelerated, the population has become ethnically diverse all over the world. Multiculturalism has become an integral part of the current health sector. To date, there have been very few studies related to multicultural issues in critical care nursing, the author of this thesis suggests further studies for better understanding. There is scarce research related to multicultural issues in critical care nursing, though it has been a burning topic in current healthcare service. Ethnicity and cultural diversity are rapidly increasing in healthcare. To address the multicultural issues in critical nursing, further investigations are needed.

6.3 Ethical consideration

The author will follow the guidelines of the Finnish Advisory Board on Research Integrity in thesis writing (Arene 2020). The study will be conducted in a Literature review and there is no direct connection with participants or people. The author will honour the work and creativity of other authors and will reference properly according to the referencing system of the Laurea University of Applied Science in this thesis. The author took into consideration of plagiarism and wrote in own words.

7 Conclusion

The study purposed to identify potential multicultural challenges in critical care nursing while dealing with patient and their families of culturally diverse background. Based on the literature review of five articles, it can be concluded that nurses experienced various challenges to provide patient-centred and family-centred care in the critical care setting. Cultural competency in nurses is a very important factor, as they are the immediate person to provide culturally sensitive care. The findings indicate that nurses are willing to provide care but they are lacking cultural competency. This led to ambiguity in nurses to deal with multicultural patients and their families.

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Figure

Tables

Appendices

Appendix 1: Selected articles

AUTHOR, YEAR, COUNTRY	PURPOSE OF THE STUDY	PARTICIPANTS (n=) AND TIME PERIOD	DATA COLLECTION	MAIN RESULTS
Van Keer, R-L., Deschepper, R., Francke, A.L., Huyghens, L. & Bilsen, J. 2015. Belgium	To investigate the factors contributing to conflicts between healthcare professionals and families from ethnic minority groups in a multi-ethnic ICU	n=10, over 6 months	Data was Ethnographic research – triangulation (negotiated interactive observation, in-depth interviews, reading of patient's medical records & researchers' reflections on her behaviours and feelings)	The findings showed that conflicts were occurred due to families' and healthcare professional's different expectations of care practices, emotional involvement, information exchange and end-of-life decision making.
Hoye, S & Severinsson, E. 2008. Norway	To explore the perceptions of intensive care nurses when encountering families of patients in intensive care units.	n = 16	Data were collected using multistage focus group interview and analysed by the process of interpretation content analysis.	The findings showed difficulties ad concerns in the nurses' job. The nurses' perception of dealing with multicultural families in ICU was reported in main

				categories: impact on work, communication challenges, responses to crises and professional status and gender issues.
Akroute, A.R. & Bondas, T. 2015. Norway	To explore experiences of CCNs in relation to relatives of elderly patients 80 years and older admitted to ICU.	n = 6	Data were collected via individual semi-structured personal interviews and data analysis was carried out using interpretation qualitative analysis.	The findings regarding different ethnic background were challenging to critical care nurses to deliver individualise and holistic care to patients and their relatives.
Hoye, S & Severinsson, E. 2010. Norway	To explore intensive care nurses' experiences of conflicts related to practical situations when encountering culturally diverse families of critically ill patients.	n=16, 0ct 2005 to Jun 2006	Data were collected using multistage focus group interview and analysed by qualitative content analysis. content analysis.	The findings explained conflicts in nurses' encounters with Norwegian patients and families as well as those with a culturally diverse background and differences in perceptions

				and experiences among nurses.
Listerfelt, S., Fridh, I. & Lindahl, B. 2019. Sweden.	To explore the experiences of critical care nurses in caring for culturally diverse patients in intensive care units.	n = 15	Data were collected via focus group interviews and analysed using qualitative content analysis.	The finding reported that dealing with culturally diverse patient in ICU is linguistically and culturally challenging and caring involved mostly with patient's relatives.

Appendix 2: Data analysis

Description	Subthemes	Main theme	Research title
• Patient unable to communicate in healthcare providers' language • Need to arrange interpreter's service • Interpreter is not available all the time • Involvement of family & employee as interpreter due to lack of time & resource	Need for language mediator	Challenges in communication	Multicultural challenges in critical care nursing faced by nurses while dealing with patient and their families of culturally diverse background
• Relatives as interpreter – good and bad • Uncertainty whether family understood patient information in HCP's language • Language barrier complicate care	Complexity in information exchange		
• Breaking visiting rules	Interference in professional work	Complications in providing critical care	

• Family members entering without nurse's permission • Nurses need to control clinical environment • Security and safety concerns for patient • Multiple family members asking multiple question • Conflict in disclosing information			
• Crowded room with large number of visitors • Family expressing loudly and dramatically • Unfamiliar emotions in crisis causing feeling of insufficiency and insecurity in nurses	Emotional distress in nurses		
• Great need to participate in care of loved one • Patient asking families to perform care • Participating actively in care from cultural aspect	Multicultural family's need to care	Family in multicultural patient care	

• Performing bedside activities • Family took for granted to involve in care • Nurses as inferior			
• Family unable to understand patient heath severity • Relatives did not realize patient's need for rest • Family members as well other visitors asking for patient's information	Differences in family's understanding of patient care		
• Difficult to assess patient's pain • Man as spokesperson • Contrast in gender in caring • Families need to maintain traditional custom • No discussion for collaboration in patient care with nurses	Cultural differences in act	Cultural awareness and sensitivity	

• Lack of respect for nurses in some cultures			
• Flexibility towards other cultures/religions within certain limit • Nurses realizing cultural incompetence • Equality in care despite of culture • Language barrier seeks new solution for connection	Cultural adaptation		